

**STATE OF NEBRASKA**

Department of Health and Human Services  
 Regulation and Licensure - Credentialing Division  
 P.O. Box 94986 - Lincoln, Nebraska 68509-4986  
 Telephone #: 402-471-2117

## APPLICATION FOR PROVISIONAL LICENSURE/CERTIFICATION

**Check the appropriate application(s) below:**

- ☐ Provisional License as a Mental Health Practitioner  
**and** earning experience for an Associated Certificate in:
- ☐ Marriage and Family Therapy
  - ☐ Professional Counseling
  - ☐ Social Work
- ☐ Provisional Certification as a Master Social Worker  
**(if you check this category, you may not provide  
 psychotherapy/mental health services)**

(Must be earning post-master's **experience in Nebraska** to qualify)**Fee: \$25.00**
**SECTION A – APPLICANT'S PERSONAL INFORMATION (All individuals who will be supervised must complete this section) This section is public information and will be displayed on the INTERNET (<http://www.hhss.state.ne.us/lis/lisindex.htm>)**

Applicant's Name:	First:	Middle:	Last:
Primary Practice Site (must be in Nebraska):	Street/PO/Route:		
	City:	State:	Zip Code:
Telephone Number:	# during normal business hours	Social Security # (this is NOT public information and will not be on the Internet) It is required for child support enforcement purposes; and for potential disclosure of reportable actions to the Federal department of Health and Human Service's Healthcare Integrity and Protection Data Bank (HIPDB):	SS#
Place of Birth:			Date of Birth:
City/State/Country			Month/Day/Year

(If your official transcript does not verify your date of birth, submit a evidence such as birth or marriage certificate, or driver's license, or similar documentation)

►NOTE: All mailings from this office will be sent to the above employment - if you change your employment address or supervisor(s), you must contact this office for further instructions.

**SECTION B – SUPERVISOR'S PERSONAL INFORMATION – SUPERVISOR MUST BE LOCATED IN NEBRASKA (All licensees who will be supervising the applicant's 3,000 hours of post-master's experience must be listed in this section) The information in this section will NOT be on the INTERNET.**

1	Supervisor's Name:	First:	Middle:	Last:
	Business Address:	Name of Facility:		
		Street/PO/Route:		
		City:	State:	Zip:
	License #:			OPTIONAL: Business Telephone #:
2	Second Supervisor's Name:	First:	Middle:	Last:
	Business Address:	Name of Facility:		
		Street/PO/Route:		
		City:	State:	Zip:
	License #:			OPTIONAL: Business Telephone #:

**NOTE: Licenses expire 5 years from date of issuance.**

**SECTION C - PLAN OF SUPERVISION:** Check ***all*** that apply.

**These hours must be earned after receipt of an approved master's degree and within the 5 years immediately prior to the date an application for a full license is submitted.**

**Mental Health Practice Supervision:**

**Activities:** treatment, assessment, psychotherapy, counseling, or equivalent activities to individuals, couples, families, or groups for behavioral, cognitive, social, mental, or emotional disorders, including interpersonal or personal situations.

1. Total supervision will include a minimum of 1,500 direct (face-to-face) client contact hours and not more than 1,500 non-direct hours under supervision: ☐ Yes ☐ No If no, state reason why : \_\_\_\_\_

2. The supervision will start on \_\_\_\_\_, and should be completed on approximately \_\_\_\_\_.

3. The supervision will include face-to-face contact for a minimum of one hour per week: ☐ Yes ☐ No If no, state reason why: \_\_\_\_\_

Supervisor's Credentials: ☐ qualified physician (**must submit vitae showing specialized training in mental health or a copy of documentation showing the physician is a board certified psychiatrist**)  
☐ licensed psychologist  
☐ licensed mental health practitioner

**Marriage and Family Therapy Supervision:**

**Activities:** assessment and treatment of mental and emotional disorders, whether cognitive, affective, or behavioral, within the context of marriage and family systems through the professional application of psychotherapeutic and family systems theories and techniques in the delivery of services to individuals, couples, and families for the purpose of treating such disorders.

1. I further state the supervised experience: will focus on raw data from clinical work which will be made directly available through such means as written clinical materials, direct observation, and video and audio recording; including a process which is distinguishable from personal psychotherapy or didactic instruction: ☐ Yes ☐ No

2. Additionally, the supervision will include face-to-face contact for a minimum of a cumulative ratio of 2 hours per week per 15 hours of supervisee's contact with clients – no more than 45 hours shall accumulate without supervision, and will not include more than 6 persons at one face-to-face supervisory setting: ☐ Yes ☐ No

Supervisor Credentials: ☐ Training in clinical supervision equivalent to 15 didactic hours, and 3 years of experience supervising the provision of MFT. (**documentation of training AND supervision must be submitted**):  
☐ "Approved Supervisor" designation certificate from the AAMFT

**Master Social Worker Supervision: Activities (check the activities that will be performed)**

	Yes	No
Information, resource identification and development, and referral services	<input type="checkbox"/>	<input type="checkbox"/>
Preparation and evaluation of psychosocial assessments and development of social work service plans	<input type="checkbox"/>	<input type="checkbox"/>
Case management, coordination, and monitoring of social work service plans in the areas of personal, social, or economic resources, conditions, or problems	<input type="checkbox"/>	<input type="checkbox"/>
Development, implementation, and evaluation of social work programs and policies	<input type="checkbox"/>	<input type="checkbox"/>
Supportive contacts to assist individuals and groups with personal adjustment to crisis, transition, economic change, or a personal or family member's health condition	<input type="checkbox"/>	<input type="checkbox"/>
Social casework for and prevention of psychosocial dysfunction, disability, or impairment	<input type="checkbox"/>	<input type="checkbox"/>
Social work research, consultation, and education	<input type="checkbox"/>	<input type="checkbox"/>

Supervisor's Credentials: ☐ Licensed Mental Health Practitioner and Certified Master Social Worker  
☐ Certified Master Social Worker

**You must have a qualified supervisor designated in order to apply for this license and you must obtain said experience in Nebraska.**

**SECTION D - SUPERVISOR ATTESTATION** (The licensees who will be supervising the applicant's 3,000 hours of post-master's experience must complete this section of the application)

***Supervisor Must Complete the following:***

I, \_\_\_\_\_, say that I am the supervisor referred to in this  
(Name of Supervisor)

application and that the statements herein are true and complete. I agree to assume legal and professional responsibility for the work of the supervisee listed in this application and agree that I am competent to provide all services identified in this registration form.

\_\_\_\_\_  
(Legal Signature of Supervisor)

\_\_\_\_\_ date

***Second Supervisor Must Complete the following:***

I, \_\_\_\_\_ say that I am the supervisor referred to in this  
(Name of Supervisor)

application and that the statements herein are true and complete. I agree to assume legal and professional responsibility for the work of the supervisee listed in this application and agree that I am competent to provide all services identified in this registration form.

\_\_\_\_\_  
(Legal Signature of Supervisor)

\_\_\_\_\_ date

## MENTAL HEALTH PRACTICE COURSEWORK

### SECTION E - MENTAL HEALTH COURSEWORK

**YOU MUST SUBMIT:** An official transcript verifying receipt of your master's or doctorate degree

Degree Received: \_\_\_\_\_ Major: \_\_\_\_\_ Date Received: \_\_\_\_\_

If you received a master's degree from one of the following accredited programs, you do not have to complete the information listed below in coursework review:

Check applicable accreditation:

- ☐ Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE)  
☐ Council for Accreditation of Counseling and Related Educational Programs (CACREP)  
☐ Council on Social Work Education (CSWE)  
☐ American Psychological Association (APA)

### COURSEWORK REVIEW

If you received a master's degree from a program other than those listed as accredited, your degree must consist of course work and training which was primarily therapeutic mental health in content from an institution of higher education approved by the Council for Higher Education Accreditation (CHEA) or its successor; and you must submit course descriptions for each course(s) listed below (course descriptions may be copies found in the college catalogue, bulletin, or syllabus)

(Please list the name of the course, the course number and the name of the institution in which the course was completed).

**PRACTICUM OR INTERNSHIP** (If completed after September 1, 1995, the practicum or internship must include a minimum of 300 clock hours of direct client contact of which 150 clock hours must be face-to-face in a work setting under the supervision of a qualified supervisor – Any artificial situation where a person presents a problem, such as role playing, is not acceptable) **Your supervisor or internship director must submit Attachment C1 to verify fulfillment of the practicum/internship requirement.**

Name of Course	Course Number	College/University

If your **practicum** was completed prior to **September 1, 1995**, there is no hour requirement and Attachment C1 is not required – however, you must still list the practicum/internship above.

#### Coursework Area Required by Nebraska

##### 1. THEORIES AND TECHNIQUES OF HUMAN BEHAVIOR INTERVENTION: At least 6 semester hours or 9 quarter hours.

Courses that cover therapeutic techniques and strategies for human behavioral intervention. This includes major contributions of the biological, behavioral, cognitive, and social sciences relevant to understanding assessment and treatment of the person and his/her environment with emphases on the social systems framework, personality theories and individual development through the life cycle, and their application.

Name of Course(s)	Course Number	College/University

##### 2. PROFESSIONAL ETHICS AND ORIENTATION: At least 3 semester hours or 4.5 quarter hours. The application of ethical and legal issues to the practice. Examples are: family law, codes of ethics, boundaries, peer review, record keeping, confidentiality, informed consent, and duty to warn.

Name of Course(s)	Course Number	College/University

##### 3. ASSESSMENT TECHNIQUES REQUIRED FOR MENTAL HEALTH PRACTICE: At least 3 semester hours or 4.5 quarter hours. Includes the process of collecting pertinent data about client or client systems and their environment and appraising the data as a basis for making decisions regarding treatment and/or referral. Examples are: ability to make a clinical diagnostic impression, knowledge of psychopathology, and assessment of substance abuse and other addictions.

Name of Course(s)	Course Number	College/University

<b>SECTION E – Mental Health Practice COURSE WORK (Continued)</b>		
<b>4. HUMAN GROWTH AND DEVELOPMENT: At least 3 semester hours or 4.5 quarter hours.</b> The intergration of the psychological, sociological and biological approaches within the life cycle. Examples are: awareness of culture, gender, or human sexuality at all developmental levels, human behavior (normal and abnormal), personality theory, and learning theory.		
<i>Name of Course(s)</i>	Course Number	College/University
<b>5. RESEARCH AND EVALUATION: At least 3 semester hours or 4.5 quarter hours.</b> Includes such areas as statistics or research design and development of research and demonstration proposals.		
<i>Name of Course(s)</i>	Course Number	College/University

Undergraduate Courses Graduate programs accepting an undergraduate course(s) as meeting the above course criteria will be acceptable. The school must submit a notarized letter, on institutional letterhead, from an authorized person, i.e., the Department Chair of the program, stating the undergraduate course(s) was accepted to meet the educational requirement(s) of the master's degree.

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**SECTION F – CONVICTION AND LICENSURE INFORMATION:** All applicants must complete this section.

Question	Yes	No	Type of Crime or Licensure Action	Date of Action	Name of Court/Entity Taking action
Have you ever been convicted of a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>			
Has disciplinary action been taken against your license or certification?	<input type="checkbox"/>	<input type="checkbox"/>			

If you answered YES to any of the questions above, you must request the following documents be sent directly to this office:

- Official Court Record, which includes charges and disposition
- BAC level (if conviction was alcohol related)
- All addiction/mental health evaluations (if the conviction involved a drug and/or alcohol related offense)
- If you are/were on probation, a letter from your probation officer referencing your probationary progress or date of release
- A letter from the applicant explaining the nature of the conviction

	Yes	No		
Are you licensed or certified in another state?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what State are you licensed in?	What type of license do you hold?
Have you ever surrendered your license or certification?	<input type="checkbox"/>	<input type="checkbox"/>	Type of Licensure Action	Date of Action
Has action been taken to suspend or revoke your license or certification?	<input type="checkbox"/>	<input type="checkbox"/>	Type of Licensure Action	Date of Action

If you answered YES to any of the questions above, you must request the following documents be sent directly to this office:

- Official Documents from the State Board in which the disciplinary action was taken
- Certification of your license/certificate in another state

**SECTION G – ATTESTATION** (The applicant must complete this section)

I hereby state that I am the person making application, I am of good moral character, and the statements on this application are true and complete.

I further state that:

- ☐ I have not practiced in Nebraska prior to this application for licensure; **or**
- ☐ I have practiced for \_\_\_\_ number of days in Nebraska prior to this application for licensure.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
date

**FORWARD THIS COMPLETED FORM TO:**

Credentialing Division  
 P. O. Box 94986  
 Lincoln, NE 68509-4986  
 (402) 471-2117

***If your practicum/internship was completed after  
September 1, 1995,  
 this form **MUST** be completed by the  
 on-site supervisor or internship director.***

**AFFIDAVIT OF SUPERVISED  
 PRACTICUM OR INTERNSHIP FOR  
 MENTAL HEALTH PRACTICE**

I, \_\_\_\_\_,  
 (PRINT supervisor's name)

state that I am a qualified supervisor, in the profession of ☐ mental health practice ☐ marriage and family therapy  
☐ social work ☐ psychology, and that I am acquainted with \_\_\_\_\_ and he/she  
 has completed a practicum/internship, which included a minimum of 300 clock hours of direct client contact of which 150 clock hours  
 must be face-to-face in a work setting, providing mental health services under my supervision.

➔ **Mental Health Services means** treatment, assessment, psychotherapy, counseling, or equivalent activities to individuals, couples, families, or groups for behavioral, cognitive, social, mental, or emotional disorders, including interpersonal or personal situations.

**Marriage and Family Therapy:** If the applicant is also applying for certification as a Marriage and Family Therapist, the following must be completed:

I \_\_\_\_\_, further verify that the above named applicant has at least 300 clock hours of supervised direct client contact with individuals, couples and families. Of these 300 hours, no more than 150 hours were with individuals.

I hereby state that I am the person completing this form and the statements are true and complete.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 (Print/type) SUPERVISOR Name Title

\_\_\_\_\_  
 License/Certificate number  
 of Supervisor

\_\_\_\_\_  
 AGENCY/INSTITUTION

\_\_\_\_\_  
 STREET ADDRESS

\_\_\_\_\_  
 CITY STATE ZIP

\_\_\_\_\_  
 SIGNATURE OF SUPERVISOR or INTERNSHIP DIRECTOR

**You may make additional copies of this form if supervised by more than one supervisor**

Applicant Name: \_\_\_\_\_

**MARRIAGE AND FAMILY THERAPIST (CMFT) IF YOU PLAN TO EARN HOURS FOR MFT CERTIFICATION, YOU MUST COMPLETE THE FOLLOWING COURSEWORK****SECTION G - *Marriage and Family Therapy* COURSE WORK requirements**

If you graduated from a marriage and family therapy program that **was approved by COAMFTE, you do not need to complete the following coursework.**

**COURSEWORK REVIEW**

For related MFT programs or NON-COAMFTE programs, list the name of the course, the course number and the name of the institution in which the course was completed. ***An official course description must be attached for each course listed.***

**MARRIAGE AND FAMILY STUDIES (9 semester or 13.5 quarter or a combination of these hours)** Courses in this area should be a fundamental introduction to systems theory. The student should learn to understand family structures and functioning within the social systems framework (including environmental context) and regarding diverse range of presenting issues (i.e. gender, cultural, substance abuse). Topic areas may include: systems theory, family development, family subsystems, blended families, gender issues in families, cultural issues in families, etc.

This area must have a major focus from systems theory orientation and encompass the social systems orientation. Survey or overview courses in which systems in one of several theories covered is not appropriate. Courses in which systems theory is the overarching framework and other theories are studied in relations to systems theory are appropriate.

Course Name	Course #	College/University

**MARRIAGE AND FAMILY THERAPY (9 semester or 13.5 quarter or a combination of these hours)** Courses in this area should have a major focus on family systems theory and systemic therapeutic interventions. This area is intended to provide a substantive understanding of the major theories of systems change, the applied practices evolving from each theoretical orientation, including diagnosis/assessment of individuals, couples and families. Major theoretical approaches might include: strategic, structural, object relations, cognitive behavioral, intergenerational, and integrative models of therapy with individuals, couples, and families.

Course Name	Course #	College/University

**HUMAN DEVELOPMENT (9 semester or 13.5 quarter or a combination of these hours)** Courses in this area should provide knowledge of individual personality development and its normal and abnormal manifestations. The student should have relevant course work in human development across the life span which includes special issues that effect an individual's development (i.e. culture, gender, and human sexuality). Topic areas may include: human development, child/adolescent development, psychopathology, personality theory, human sexuality, etc. This material should be integrated with systems concepts. Test and measurement courses are not accepted toward this area.

Course Name	Course #	College/University



SECTION G - <i>Marriage &amp; Family Therapy</i> COURSE WORK (Continued)		
<b>PROFESSIONAL STUDIES (3 semester or 4.5 quarter or a combination of these hours)</b> Courses in this area are intended to contribute to the professional development of the therapist. Areas of study should include the therapist's legal responsibilities and liabilities, professional ethics relevant to marriage and family issues, professional values and socialization, and the role of the professional organization, licensure or certification legislation, independent practice and interpersonal cooperation. Religious ethics courses and moral theology courses are not accepted toward this area.		
Course Name	Course #	College/University
<b>RESEARCH (3 semester or 4.5 quarter or a combination of these hours)</b> Courses in this area should assist students in understanding and performing research. Topic areas may include: research methodology, quantitative methods and statistics. Individual personality and test and measurement courses are not accepted toward this area.		
Course Name	Course #	College/University
<b>PRACTICUM (minimum 6 semester hours or 9 quarter hours, 300 hours of supervised direct client contact with individuals, couples and families, and of this 300 hours, no more than 150 hours may be with individuals)</b>		
Course Name	Course #	College/University

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Applicant Name: \_\_\_\_\_

**PROFESSIONAL COUNSELOR (CPC) IF YOU PLAN TO EARN HOURS FOR CPC, YOU MUST COMPLETE THE FOLLOWING COURSEWORK****SECTION H - *Professional Counseling* COURSE WORK requirements**

If your program is accredited by CACREP **OR** is a counseling program from a regionally accredited educational institution, you are not required to complete the following coursework review information.

**THE FOLLOWING MUST BE COMPLETED BY APPLICANTS APPLYING WITH A MASTER'S DEGREE IN A RELATED FIELD OFFERED BY A REGIONALLY ACCREDITED HIGHER EDUCATIONAL INSTITUTION; OR A PROGRAM IN COUNSELING OR RELATED FIELD FROM A NON-ACCREDITED PROGRAM**

Please list the name of the course, the course number and the name of the institution in which the course was completed) ***An official course description must be attached for each course listed.***

**COURSEWORK REVIEW**

***COUNSELING THEORY*** (At least 3 semester hours) Includes a study of basic theories principles and techniques of counseling and their application to professional counseling settings.

Course Name	Course #	College/University

***SUPERVISED COUNSELING PRACTICUM*** Refers to supervised counseling experience in a work/community based setting of at least one semester in duration for a minimum of 3 hours academic credit as part of a master's program component

Course Name	Course #	College/University

**YOU MUST PROVIDE EVIDENCE OF AT LEAST  
3 SEMESTER HOURS IN 5 OF THE FOLLOWING 8 AREAS:**

***HUMAN GROWTH AND DEVELOPMENT*** Includes studies that provide a broad understanding of the nature and needs of individuals at all developmental levels. Emphasis is placed on biopsychosocial approaches. Also included are such areas as human behavior (normal and abnormal), personality theory and learning theory

Course Name	Course #	College/University

***SOCIAL AND CULTURAL FOUNDATIONS*** Includes studies of change, ethnic groups, subcultures, changing roles of women, sexism, urban and rural societies, population patterns cultural mores, use of leisure time and differing life patterns. Such disciplines as the behavioral sciences, economics and political science are involved.

Course Name	Course #	College/University

SECTION H - <i>Professional Counseling</i> COURSE WORK (Continued)		
<b>HELPING RELATIONSHIP</b> Includes philosophic bases of the helping relationship; consultation theory, practice, and application; and an emphasis on development of counselor and client (or consultee) self-awareness.		
Course Name	Course #	College/University
<b>GROUP DYNAMICS, PROCESSING AND COUNSELING</b> Includes theory and types of groups, as well as descriptions of group practices, methods, dynamics, and facilitative skills. This also includes supervised practice.		
Course Name	Course #	College/University
<b>LIFESTYLE AND CAREER DEVELOPMENT</b> Includes such areas as vocational choice theory, relationship between career choice and lifestyle, sources of occupational and educational information, approaches to career decision making processes and career exploration techniques.		
Course Name	Course #	College/University
<b>APPRAISAL OF INDIVIDUALS</b> Includes the development of framework for understanding the individual including methods of data gathering and interpretation, individual and group testing, case study approaches, and the study of individual differences. Ethnic, cultural, and sex factors are also considered.		
Course Name	Course #	College/University
<b>RESEARCH AND EVALUATION</b> Includes such areas as statistics, research design and development of research and demonstration proposals. It includes understanding legislation relating to the development of research, program development and demonstration proposals, as well as the development and evaluation of program objectives		
Course Name	Course #	College/University
<b>PROFESSIONAL ORIENTATION</b> Includes goals and objectives of professional organizations, codes of ethics legal considerations, standards of preparation, certification, licensing, and role identity of counselors and of other personal services specialists.		
Course Name	Course #	College/University

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Department of Health and Human Services  
Regulation and Licensure - Credentialing Division  
P.O. Box 94986 - Lincoln, Nebraska 68509-4986  
Telephone #: 402-471-2117

***(Must be completed by certifying/licensing agency)***  
(Print or Type)

[www.hhs.state.ne.us/crl/mhcs/mental/provapp.pdf](http://www.hhs.state.ne.us/crl/mhcs/mental/provapp.pdf)